

保單編號

Policy Number

(如就同一受保人牽涉多於一份保單，請註明所有保單編號。If more than one policy in respect of the same Insured is involved, please state all the policy numbers.)

HKMCA Ref No.: _____

注意事項：

請於遞交此申請表前向香港年金有限公司(「香港年金公司」)索取特別款項提取金額預算表，以了解特別款項提取對閣下保單的影響。

1. 請以**正楷**填寫及寄回整份本醫療和牙科開支特別款項提取申請表(「申請表」)。除非本申請表另有說明，否則本申請表中使用的詞語與保單中的詞語具有相同的含義。
2. 切勿在空白或尚未填妥之申請表上簽署，或留空任何部分(除非不適用)。
3. 如就本申請表有任何更改或修正，閣下必須在更改或修正的位置旁簽署作實。
4. 本申請表適用於在受保人有生之年以及保證期結束前，申請醫療和牙科開支特別款項提取，用以支付在香港進行或將會進行的醫療和牙科治療及／或醫療和牙科檢驗而衍生或將會衍生的實際或預計的醫療和牙科開支金額。
5. 特別款項提取只可在受保人有生之年為香港年金公司就同一受保人簽發之所有保單透過單次申請使用一次，而最高可提取金額為：
 - a. 已繳保費的50%；或
 - b. 接受特別款項提取申請之日的特別款項提取價值；以較低者為準。
6. 此特別款項提取在受保人有生之年及由香港年金公司就同一受保人簽發的所有保單下的總提取金額上限為港幣1,000,000元。
7. 保單持有人必須就香港年金公司簽發之所有保單針對與受保人相關之所有醫療和牙科開支提出單次申請，無論該開支是一次或多次醫療和牙科治療或醫療和牙科檢驗。一旦單次申請已經提出並被香港年金公司接受，將不會再接受任何其他申請。
8. 就已產生之實際醫療和牙科開支之特別款項提取批核，請於在進行醫療和牙科治療或醫療和牙科檢驗之日起(視情況而定)的一年內(或香港年金公司認為合理的時間內)，填妥並簽署本申請表，連同所有必要的證明文件(請參閱本申請表第七部分—所須文件參考表)一併提交至香港年金公司。另外，治療受保人疾病的註冊醫生和牙醫，必須填寫及簽署本申請表第六部分。如多於一位註冊醫生和牙醫治療受保人的疾病，每位註冊醫生和牙醫需個別填寫及簽署本申請表第六部分。任何填寫本申請表所產生的費用將由閣下承擔。
9. 就預計的醫療和牙科開支之特別款項提取之預先批核，請於由註冊醫生和牙醫或醫療和牙科機構發出之疾病證明或醫療和牙科檢驗轉介信的30天內(或香港年金公司認為合理的時間內)，填妥並簽署本申請表，並連同所有必要的證明文件及預計將會招致之醫療和牙科開支金額，以及進行醫療和牙科治療或醫療和牙科檢驗之預定日期(請參閱本申請表第七部分—所須文件參考表)，一併提交至香港年金公司。
10. 如香港年金公司在本申請表的簽署日期起計逾30天後收到閣下的申請表，香港年金公司保留權利要求閣下重新遞交新的申請表。
11. 可供提取的特別款項提取價值將以接受特別款項提取申請之日釐定。接受日期為香港年金公司接納此申請之日。
12. 在特別款項提取後，其後的保證每月年金金額、保證現金價值、身故賠償(如適用)及保單所派發和將會派發的利益總額將會相應調低。如果保單下應付之保證每月年金金額在特別款項提取後變為零，該保單將會被終止。



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13. 特別款項提取只限於用作支付醫療和牙科開支。請諮詢香港年金公司有關特別款項提取對保單價值的影響或應否考慮選擇申請保單部分退保。
14. 請參閱保單條款，以了解適用於醫療和牙科開支特別款項提取的條款及細則。
15. 如閣下未能符合任何香港年金公司訂定的規定／要求，香港年金公司保留權利拒絕接納本申請表格。香港年金公司亦保留權利在其認為有需要時，要求進一步澄清及索取其他證明文件。
16. 香港年金公司保留權利於其認為有需要時，不時更新本申請表。
17. 如有任何查詢，可透過以下途徑與香港年金公司聯絡：

客戶服務熱線	: (852) 2512-5000
客戶服務電郵	: cs@hkmca.hk
申請服務及客戶服務中心地址	: 香港九龍觀塘偉業街180號 Two Harbour Square 19樓
辦公時間	: 星期一至星期五，上午9時至下午6時 (公眾假期除外)

IMPORTANT NOTES :

Please request a Quotation of Special Withdrawal Amount from HKMC Annuity Limited (“HKMCA”) before submitting this Form to understand the impact to your Policy after the Special Withdrawal.

1. Please complete in **BLOCK LETTERS** and return full set of this Special Withdrawal for Medical and Dental Expenses Form (the “Form”) Capitalised terms used in this Form shall have the same meanings as those in the Policy, unless otherwise indicated in this Form.
2. Do not sign a blank or incomplete Form or leave any space blank (unless wherever not applicable).
3. Any changes or amendments to this Form should be counter-signed by you.
4. This Form can be used during the Insured’s lifetime and before the Guaranteed Period ends, to apply for Special Withdrawal for Medical and Dental Expenses for the purpose of payment for the actual or estimated amount of Medical and Dental Expenses incurred or to be incurred from Medical and Dental Treatment and/or Medical and Dental Examination carried out or to be carried out in Hong Kong.
5. Special withdrawal can only be made once under a single application in the Insured’s lifetime for all the policies issued by HKMCA in respect of the same Insured up to the maximum amount which is equivalent to:
 - a. 50% of the premium paid; or
 - b. Special Withdrawal Value as at the date of acceptance of the special withdrawal application; whichever is lower.
6. Special withdrawal is subject to an aggregate withdrawal limit of HK\$1,000,000 in the Insured’s lifetime for all the policies issued by HKMCA in respect of the same Insured.
7. Policyowner must submit one single application for all the Medical and Dental Expenses in respect of the Insured for all policies issued by HKMCA whether in respect of one or more than one Medical and Dental Treatment or Medical and Dental Examination. Once a single application has been made and accepted by HKMCA, no other application will be accepted.
8. For approval of special withdrawal request in respect of actual Medical and Dental Expenses, please complete, sign and submit this Form with all the requisite proof (Please refer to Part VII – Document Checklist of this Form) to HKMCA within 1 year (or such reasonable period of time as HKMCA considers appropriate) from the date Medical and Dental Treatment or Medical and Dental Examination is carried out, as the case may be. Part VI of this Form must be completed and signed by a Registered Medical and Dental Practitioner who attended to the Insured’s Sickness. If more than one Registered Medical and Dental Practitioner attended to the Insured’s Sickness, each Registered Medical and Dental Practitioner is required to complete and sign Part VI of this Form separately. Any fees incurred for completing this Form shall be borne by you.
9. For pre-approval of special withdrawal request in respect of estimated Medical and Dental Expenses, please complete, sign and submit this Form with all the requisite proof (Please refer to Part VII – Document Checklist of this Form) to HKMCA within 30 days (or such reasonable period of time as HKMCA considers appropriate) from the issuance of proof of Sickness or the referral letter for Medical and Dental Examination, as the case may be, issued by Registered Medical and Dental Practitioner or Medical and Dental Institution, with the estimated amount of Medical and Dental Expenses and the scheduled date for carrying out Medical and Dental Treatment or Medical and Dental Examination.
10. If this Form is received by HKMCA after 30 days of the signing date of this Form, HKMCA reserves the right to request you to submit a new Form.
11. The Special Withdrawal Value available for withdrawal will be determined as at the date of acceptance of the special withdrawal application. The date of acceptance will be the date on which your application is accepted by the HKMCA.
12. After the special withdrawal, the amount of the Guaranteed Monthly Annuity Payment, the Guaranteed Cash Value, the Death Benefit (if applicable) and the total amount of benefits paid and payable of the Policy will be reduced accordingly. If the amount of Guaranteed Monthly Annuity Payment payable under the Policy becomes zero after the special withdrawal, the Policy will be terminated.

13. Special withdrawal is for payment of Medical and Dental Expenses(s) only. Please consult HKMCA on the impact of such special withdrawal on the policy values or whether the option of making a partial surrender of the Policy should be considered.
14. Please refer to the policy provisions for details on the terms and conditions applicable to Special Withdrawal for Medical and Dental Expenses.
15. HKMCA reserves the right to reject the Form submitted by you if you failed to fulfill any of its prescribed requirements. HKMCA also reserves the right to ask for clarification and further supporting documentation should it deem necessary.
16. HKMCA reserves the right to update this Form from time to time should it deem necessary.
17. If you have any enquiries, you may contact us through the following channels:

Customer Service Hotline	:	(852) 2512-5000
Customer Service Email	:	cs@hkmca.hk
Application Servicing and Customer Service Centre Address	:	19/F, Two Harbour Square 180 Wai Yip Street, Kwun Tong Kowloon, Hong Kong
Office hours	:	Monday to Friday, 9 a.m. to 6 p.m. (except public holiday)

第一部分 受保人資料 (由保單持有人／受保人填寫)
PART I INSURED'S INFORMATION (to be completed by the POLICYOWNER/INSURED)

1. 受保人姓名 Name of Insured	姓 Surname 名 First and Middle Name
2. 香港身份證號碼 Hong Kong Identity Card Number	
3. 住宅地址 Residential Address	<p>室 Flat 樓 Floor 座 Block</p> <hr/> <p>大廈名稱 Building</p> <hr/> <p>屋苑名稱 Estate</p> <hr/> <p>街道名稱及號碼 Street Name and Street Number</p> <hr/> <p>區域或城市 District or City 國家或地區 Country or Territory</p>

第二部分 醫療和牙科治療／檢驗詳情 (由保單持有人／受保人填寫)
PART II MEDICAL AND DENTAL TREATMENT/EXAMINATION DETAILS (to be completed by the POLICYOWNER/INSURED)

4. 特別款項提取種類 Type of Special Withdrawal (請選擇其中一項) (Please select one of the types)	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> 用於已產生的實際醫療及牙科開支 For <u>actual</u> Medical and Dental (請參照本申請表第七部分提交所須文件並請主診註冊醫生和牙醫填寫及簽署本申請表第六部分。Please refer to Part VII of this Form for the document checklist and request the attending Registered Medical and Dental Practitioner to complete and sign Part VI of this Form.) </div> <div style="width: 45%;"> <input type="checkbox"/> 用於將會產生的預計醫療及牙科開支 For <u>estimated</u> Medical and Dental Expenses to be incurred (請參照本申請表第七部分提交所須文件。Please refer to Part VII of this Form for the document checklist.) </div> </div>
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第二部分 醫療和牙科治療／檢驗詳情(由保單持有人／受保人填寫)(續)
PART II MEDICAL AND DENTAL TREATMENT/EXAMINATION DETAILS (to be completed by the POLICYOWNER/INSURED) (CON'T)

For Medical and Dental Expenses caused by Sickness, please complete 5 – 10

若因疾病引致的醫療和牙科開支，請填報第5 – 10項

- 如醫療和牙科開支是就多次醫療和牙科治療或醫療和牙科檢驗而產生，請說明所有相關的醫療和牙科開支的詳情。
- If there are Medical and Dental Expenses in respect of more than one Medical and Dental Treatment or Medical and Dental Examination, please state all the Medical and Dental Expenses concerned.

序號 Number :	疾病 Sickness 1	疾病 Sickness 2	疾病 Sickness 3
5. 徵狀 Sign and symptoms			
6. 何時首次出現此徵狀? Since when have these symptoms first appeared?	____ / ____ / ____ 日 Day 月 Month 年 Year	____ / ____ / ____ 日 Day 月 Month 年 Year	____ / ____ / ____ 日 Day 月 Month 年 Year

請提供主診註冊醫生和牙醫／醫療和牙科機構的資料

Please provide details of the attending Registered Medical and Dental Practitioner/Registered Medical and Dental Institution

7. 註冊醫生和牙醫名稱 Name of Registered Medical and Dental Practitioner			
8. 註冊醫生和牙醫地址及 聯絡電話 Address and Contact Phone Number of Registered Medical and Dental Practitioner			
9. 就診日期 Date of Consultation	由 From: ____ / ____ / ____ 日 Day 月 Month 年 Year 至 To: ____ / ____ / ____ 日 Day 月 Month 年 Year	由 From: ____ / ____ / ____ 日 Day 月 Month 年 Year 至 To: ____ / ____ / ____ 日 Day 月 Month 年 Year	由 From: ____ / ____ / ____ 日 Day 月 Month 年 Year 至 To: ____ / ____ / ____ 日 Day 月 Month 年 Year
10. 醫療和牙科機構名稱 (如適用) Name of Registered Medical and Dental Institution (if applicable)			

若因意外引致的醫療和牙科開支，請填報第11 – 13項

For Medical and Dental Expenses caused by an accident, please complete 11 – 13

註：請附上警察報告、交通意外報告及／或口供紙副本(如有)

Remarks: Please provide a copy of the Police Report, Traffic Accident Report or Police Statement (if any)

11. 意外日期 Date of accident	____ / ____ / ____ 日 Day 月 Month 年 Year
12. 意外地點 Location of accident	
13. 意外詳情 Details of accident	

第三部分 醫療和牙科開支特別款項提取金額 (由保單持有人/受保人填寫)
PART III SPECIAL WITHDRAWAL AMOUNT FOR MEDICAL AND DENTAL EXPENSES
(to be completed by the POLICYOWNER/INSURED)

14. 特別款項提取申請金額 Amount of Special Withdrawal Applied For	保單編號 Policy Number	特別款項提取金額 Special Withdrawal Amount 港幣 HK\$ _____元
	保單編號 Policy Number	特別款項提取金額 Special Withdrawal Amount 港幣 HK\$ _____元
	保單編號 Policy Number	特別款項提取金額 Special Withdrawal Amount 港幣 HK\$ _____元
15. 特別提取款項金額支付方式 Payment Option of Special Withdrawal	<input type="checkbox"/> 支票 Cheque (支票會以平郵方式郵寄至保單持有人於香港年金公司記錄的通訊地址。) (Cheque will be mailed to Policyowner's correspondence address in HKMCA's record by surface.)	
	<input type="checkbox"/> 入賬至現時收取保證每月年金金額之銀行賬戶 Pay to the existing bank account for receiving the Guaranteed Monthly Annuity Payment	

第四部分 聲明
PART IV DECLARATIONS

- 本人謹此聲明本申請表所填資料皆是根據本人所知及所信而作出的真實、正確及完整之事實，本人已閱讀、明白及同意本申請表的注意事項並簽署作實。
 - 本人完全明白特別款項提取對保單價值的影響，並決定就本申請表第三部分所指定的保單作特別款項提取。
 - 本人不可撤銷地授權任何知悉或擁有本人之意外或損失(任何類別)之詳情、健康狀況、病歷或任何治療或諮詢記錄及曾為或將為本人診治之機構、組織或人士、向香港年金公司透露有關資料，不得撤回，即使本人死亡或喪失能力，此授權書仍然存有法律效力而本人之繼承人及轉讓人亦會受此授權書約束。此授權書之正本與副本同屬有效。
 - 本人進一步確認已閱讀並明白香港按揭證券有限公司和其附屬公司有關《個人資料(私隱)條例》的收集個人資料聲明內容(詳見本申請表第八部分)。
 - 本人明白及同意直至所有有關文件收妥前本申請將不會生效，本申請是須經香港年金公司接納後方可作實。
- I hereby declare that the information given on this Form is true, accurate and complete to my best knowledge and belief and by signing below, I have read, understood and agree to the Important Notes stated in this Form.
 - I fully understand the impact of special withdrawal on the policy values and decide to make special withdrawal under the policy(ies) as specified in Part III of this Form.
 - I hereby irrevocably authorise that any organisation, institution, or individual that has any record or knowledge of my accident or loss details (of any sort), health, medical history or any treatment or advice may disclose any such information to any authorised representative of HKMCA. This authorisation shall bind my successors and assignors and remain valid notwithstanding my death or incapacity in so far as legally possible. A photocopy of this authorisation shall be as valid as the original.
 - I further confirm that I have read and understand the contents of the personal information collection statement of The Hong Kong Mortgage Corporation Limited and its subsidiaries in relation to the Personal Data (Privacy) Ordinance (please see Part VIII of this Form for details).
 - I understand and agree that the request for change shall not take effect until any required documents are submitted in full and the request is endorsed by HKMCA.

SIGN 

保單持有人簽署
Signature of Policyowner

保單持有人姓名
Name of Policyowner

日期 (日/月/年)
Date (DD/MM/YYYY)

SIGN 

受保人簽署 (如與保單持有人不同)
Signature of Insured (if other than the
Policyowner)

受保人姓名
Name of Insured

日期 (日/月/年)
Date (DD/MM/YYYY)

若本表格是由法定授權代表簽署，請填寫此欄。
Please complete this part if this Form is signed by the Lawful Attorney.

SIGN 

法定授權代表簽署
Signature of Lawful Attorney

法定授權代表姓名
Name of Lawful Attorney

日期 (日/月/年)
Date (DD/MM/YYYY)

收集個人資料聲明 (見證人用)

- 閣下所提供的個人資料僅用作核對見證人身分及記錄保存之用；該等資料並不會用作直接促銷或向任何其他第三者披露或轉移。
- 閣下有權向香港年金公司要求查閱或更正閣下的個人資料。有關要求可以書面形式向按揭證券公司集團的個人資料保障主任提出，遞交香港九龍觀塘偉業街180號 Two Harbour Square 19樓。

Personal Information Collection Statement for Witness

- Personal data provided by you is required to enable us to verify your identity as a witness and also for record keeping only; your data will **NOT** be used for direct marketing or disclosed or transferred to any other third party.
- You have the right to request access to and correction of your personal data held by HKMCA. Your request can be made in writing to the Data Protection Officer of the HKMC Group at 19/F, Two Harbour Square, 180 Wai Yip Street, Kwun Tong, Kowloon, Hong Kong.



見證人簽署 (如適用)*
Signature of Witness (if applicable)*

見證人與保單持有人 / 法定授權代表的
關係
Relationship between Witness and
Policyowner/Lawful Attorney

- 親屬 Relative
 朋友 Friend
 其他，請註明 Other, please specify

見證人姓名 (如適用)*
Name of Witness (if applicable)*

身份證明文件類別
Type of Identification Document

- 香港身份證 Hong Kong Identity Card
 護照 Passport
 其他 Other _____

日期 (日/月/年)
Date (DD/MM/YYYY)

身份證明文件號碼
Identification Document Number

***請注意 PLEASE NOTE**

如保單持有人/受保人或其法定授權代表以圖章蓋印或指紋作簽署，必須由一名見證人見證下簽署本申請表。
For any Policyowner/Insured or his/her Lawful Attorney who is using chop or fingerprint for signature, a witness is required to witness the signing of this Form.

第六部分
PART VI

由主診註冊醫生和牙醫填寫

TO BE COMPLETED BY THE ATTENDING REGISTERED MEDICAL AND DENTAL PRACTITIONER

1. 種類 Type(s)	<input type="checkbox"/> 醫療治療 Medical Treatment <input type="checkbox"/> 牙科治療 Dental Treatment <input type="checkbox"/> 牙科檢驗 Dental Examination <input type="checkbox"/> 醫療檢驗 Medical Examination	
	是次治療／檢驗是否因意外引致？ Was the treatment/examination caused by an accident? <input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes	
2. 病人資料 Patient's Details	姓名 Name	香港身份證號碼 Hong Kong Identity Card Number
	年齡 Age	性別 Gender <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female
3. 醫療和牙科治療／檢驗詳情 Medical and Dental Treatment/ Examination Details	醫療和牙科治療／檢驗日期 Date of Medical and Dental Treatment/ Examination	____ / ____ / ____ 日 Day 月 Month 年 Year
	醫療和牙科治療／檢驗是否由日間護理中心提供？ Was the Medical and Dental Treatment/ Examination managed at day care center? <input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes	這是否緊急個案？ Was it a case of emergency? <input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes 如是，請詳述情況 If Yes, please specify: _____
	請提供是次醫療和牙科治療／檢驗的原因： Please provide reason(s) for this Medical and Dental Treatment/Examination: _____	
	請提供是次醫療和牙科治療／檢驗期間建議進行的診斷測試及測試原因： Please state the recommended diagnostic tests and the reason of tests for this Medical and Dental Treatment/Examination: _____	
	是否施行手術？ Was surgery performed? <input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes 如是，請詳述 If Yes, please specify:	手術日期 Date of Surgery
	手術名稱 Name of Surgery	_____
	手術醫生姓名 Name of Surgeon	_____
醫療和牙科治療／檢驗結果摘要 Summary of the Medical and Dental Treatment/Examination given and test performance with results _____		
4. 主診註冊醫生和牙醫資料 Details of Attending Registered Medical and Dental Practitioner	主診註冊醫生和牙醫姓名（資歷） Name of Attending Registered Medical and Dental Practitioner (with qualifications)	簽名（蓋印） Signature (with chop)
	地址及電話 Address and Telephone Number	日期 Date ____ / ____ / ____ 日 Day 月 Month 年 Year

第七部分 所須文件參考表
PART VII DOCUMENT CHECKLIST

文件類別 Document Type	就已產生的 實際 醫療及牙科開支 For actual Medical and Dental Expenses incurred	就將會產生的 預計 醫療及牙科開支 (預先批核) For estimated Medical and Dental Expenses to be incurred (Pre-approval)
<input type="checkbox"/> 醫療和牙科開支特別款項提取申請表 Special Withdrawal for Medical and Dental Expenses Form	✓	✓
<input type="checkbox"/> 由註冊醫生和牙醫或醫療和牙科機構發出之疾病證明之正本。 必須清楚列明以下資料： — 疾病詳情 (例如徵狀)、及將會進行的相關治療詳情 (例如建議進行的治療/檢驗及原因)； — 預計將會招致之醫療和牙科開支金額； — 進行醫療和牙科治療及/或醫療和牙科檢驗之預定日期。 Original copy of proof of Sickness issued by Registered Medical and Dental Practitioner or the Medical and Dental Institution. Following information must be clearly indicated: — details of the Sickness (e.g. sign and symptoms) and the relevant medical treatment(s) to be taken (e.g. recommended medical treatment/examination and the reason); — the estimated amount of the Medical and Dental Expenses to be incurred; — the scheduled date(s) for carrying out Medical and Dental Treatment and/or Medical and Dental Examination.	不適用 Not applicable	✓
<input type="checkbox"/> 由註冊醫生和牙醫或醫療和牙科機構發出之醫療和牙科檢驗之轉介信副本 Copy of the Referral Letter for Medical and Dental Examination issued by Registered Medical Practitioner and Dentist or Medical and Dental Institution	如適用 If applicable	如適用 If applicable
<input type="checkbox"/> 醫療和牙科開支收據/收費單正本 Original Receipt/Statement of Charges for Medical and Dental Expenses	✓	不適用 Not applicable
<input type="checkbox"/> 出院總結/出院紙副本 Copy of Discharge Summary/Discharge Slip	✓	不適用 Not applicable
<input type="checkbox"/> 主診註冊醫生和牙醫報告副本 Copy of Attending Registered Medical and Dental Practitioner Statement	✓	不適用 Not applicable
<input type="checkbox"/> 警察報告/交通意外報告/口供紙副本 Copy of the Police Report/Traffic Accident Report/Police Statement	如適用 If applicable	如適用 If applicable
<input type="checkbox"/> 由註冊醫生和牙醫填寫、簽署並蓋印本申請表第六部分 (如多於一位註冊醫生和牙醫治療受保人的疾病，每位註冊醫生和牙醫需個別填寫及簽署本申請表第六部分。) Part VI of this Form completed & signed by Registered Medical and Dental Practitioner with chop (If more than one Registered Medical and Dental Practitioner attended to the Insured's Sickness, each Registered Medical and Dental Practitioner is required to complete and sign Part VI of this Form separately.)	✓	不適用 Not applicable

香港年金公司保留權利在其認為有需要時，要求進一步澄清及索取其他證明文件。

HKMCA reserves the right to ask for clarification and further supporting documentation should it deem necessary.

第八部分 收集個人資料聲明(「本聲明」) PART VIII PERSONAL INFORMATION COLLECTION STATEMENT (“PICS”)

1. 本聲明不會限制資料當事人在《個人資料(私隱)條例》下所享有的權利。
2. 除非有關資料收集表格中注明為必要的個人資料，否則提供個人資料屬自願性質。如該注明為必要的個人資料未獲提供，將導致我們無法完成如下所述的目的。

目的

3. 使用資料當事人個人資料的目的將取決於資料收集的情況和背景，但我們認為的目的將包括下列所述：
 - (a) 管理、維持及營運我們與融資、貸款及收購貸款、退休規劃、保險及信貸支援業務相關的產品／服務／活動(「業務」)；
 - (b) 處理及評估任何涉及資料當事人的與我們業務相關的申請、要求、查詢或投訴；
 - (c) 提供涉及資料當事人的與我們業務相關的後續或持續的服務，包括但不限於提供資料、管理已發出的保單或擔保或已提供的貸款或信貸支援；
 - (d) 任何有關我們的業務的索賠或請求的目的，包括相關的核實及調查工作，而無論該索賠或請求是資料當事人提出的、或針對資料當事人的、或涉及資料當事人的；
 - (e) 偵查、調查及防止欺詐、罪行、不當行為或違規情況；
 - (f) 協助按揭證券公司集團的任何成員設計其產品／服務／活動；
 - (g) 為市場推廣、統計、精算、產品研發或其他目的進行調研及維持資料庫；
 - (h) 就本聲明所列任何目的，不時對所持有的與資料當事人有關的個人資料進行核對及核實第三方提供的資料和資訊；
 - (i) 評估任何來自或涉及資料當事人的與我們業務相關的日後的申請；
 - (j) 建立及維持資料當事人檔案及分類及業務營運模式，以及進行風險管理；
 - (k) 登記資料當事人及管理透過電訊或網上平台或流動應用程式而提供的業務；
 - (l) 進行核保、身份及信貸審查及債務追收；
 - (m) 向資料當事人提議、提供及促銷本公司、按揭證券公司集團的其他成員或我們的商業夥伴的業務(詳見以下「直接促銷中個人資料的使用及提供」部分)；
 - (n) 進行與資料當事人的商業合作(包括轉介或其他形式的合作)；
 - (o) 向資料當事人發送關於按揭證券公司集團任何成員的關於教育、消閒或其他活動的通訊及印刷品；
 - (p) 向資料當事人提供優惠以作客戶關係管理用途；
 - (q) 依照任何適用的法律、規則、規例、實務守則或指引的要求進行披露，或以此協助香港或其他地區的警方或其他政府或監管機構執法及調查；
 - (r) 遵守我們預期或一般須遵從的任何適用的司法管轄區的法律、監管要求及任何其他規則、指引或指令；
 - (s) 遵守為符合制裁或防止或偵測清洗黑錢、恐怖分子融資活動或其他非法或禁止的活動或行為而制訂的按揭證券公司集團內共用個人資料和資訊及／或其他個人資料和資訊使用而指定的任何責任、要求、政策、程序、措施或安排；
 - (t) 供我們的實際或潛在承讓人，或就我們對資料當事人享有權利的參與人或從屬參與人衡量有關轉讓、參與或從屬參與所涉交易；及
 - (u) 與上述任何目的直接有關的目的。

資料承轉人

4. 個人資料會予以保密，但取決於所適用的法律，我們可能就以上第3段所列的目的將其提供給以下各方(不論在香港境內或境外)：
 - (a) 按揭證券公司集團的任何成員；
 - (b) 資料當事人在香港或其他地區的任何經紀人、推薦人或介紹人；
 - (c) 任何聯名申請人或聯名借款人，及為資料當事人就我們的業務所承擔的責任擬提供或正在提供財務或信貸支援的人士；
 - (d) 任何參與按揭證券公司集團成員營運的有關我們業務的計劃的商業夥伴；
 - (e) 與任何有關本公司或按揭證券公司集團的任何成員提供的業務的索賠有關的任何人士，不論該索賠是資料當事人提出的、或針對資料當事人的、或涉及資料當事人的；
 - (f) 在香港或其他地區對按揭證券公司集團的任何成員有保密責任，並為其提供行政、審計、資料處理、文件管理、科技、通訊、存儲、支付或其他服務(包括直接促銷服務)的任何代理人、承辦商或第三方；
 - (g) 如適用，與我們的業務相關的任何承保人或再保險人(包括該再保險人的任何再保險人)或就我們的業務提供財務支援的任何實體；
 - (h) 任何由或將由業務獲取的資金來支付的估價方、醫療服務提供方或產品或服務的提供方；
 - (i) 信貸資料服務機構，或在涉及違約時，債務追收代理；
 - (j) 任何代理人、核數師、會計師、稅務顧問、律師、顧問或其他專業顧問；

第八部分 收集個人資料聲明(「本聲明」)(續)
PART VIII PERSONAL INFORMATION COLLECTION STATEMENT (“PICS”) (CON’T)

- (k) 香港或其他地區的任何法院、裁判院或行政、政府或監管機構，或執法機關(包括本地或外地的稅務機關);及
- (l) 任何實際或潛在承讓人、受讓人、我們的權利或業務的參與人或從屬參與人。

直接促銷中個人資料的使用及提供

5. 我們擬：
- (a) 將我們持有的資料當事人的姓名、聯絡資料、業務組合資料、交易模式及行為、財務、就業或其他背景及人口統計數據不時用於直接促銷，而除非獲得資料當事人的同意或表示不反對，否則我們不能使用該等資料；及
 - (b) 對以下類別的產品／服務／活動進行直接促銷：
 - (i) 保險、金融服務、退休規劃及相關產品／服務／活動；及
 - (ii) 獎賞、會員、聯名商品或禮遇計劃，及相關產品／服務／活動。
6. 以上產品／服務／活動可能由我們及／或下列人士提供或推薦：
- (a) 按揭證券公司集團的任何成員；
 - (b) 第三方金融機構及承保人；及
 - (c) 第三方獎賞、會員、聯名商品或禮遇計劃的供應商或營運商。
7. 除促銷上述產品／服務／活動外，我們亦可能將以上第5(a)段所列的資料當事人的資訊提供予以上第6段所列的全部或任何人士，以供該等人士在促銷該等產品／服務／活動中使用，而我們為此用途須獲得資料當事人書面同意(包括表示不反對)。

如資料當事人不希望我們如上述使用其個人資料或將其個人資料提供予其他人士作直接促銷用途，資料當事人可通知我們行使其選擇權拒絕促銷。

查閱及改正資料的權利

8. 資料當事人可以書面形式向我們的個人資料保障主任提出查閱或改正其個人資料的要求，其通訊地址為：香港九龍觀塘偉業街180號Two Harbour Square 19樓。
9. 我們可就處理任何查閱資料的要求收取不超乎適度的費用。

本聲明中，除非文義不許可或另有所指，

「本公司」、「我們」及「我們的」指收取相關個人資料的文件中所述的公司(其為按揭證券公司集團成員)及其繼承人及承讓人；

「資料當事人」就個人資料而言，指屬該個人資料的當事人的個人；及

「按揭證券公司集團」指香港按揭證券有限公司、其附屬公司及附屬企業。

注意

- (a) 本聲明可由我們不時修改或更新。
- (b) 資料當事人使用或繼續使用或參加任何我們的產品／服務／活動、提供其本人資料、或向我們提供服務或與我們簽訂商業或其他合同安排時，資料當事人被視為已經接受及同意本聲明所陳述的安排及受相關條款約束。

由本公司刊發

第八部分 收集個人資料聲明(「本聲明」)(續) PART VIII PERSONAL INFORMATION COLLECTION STATEMENT (“PICS”) (CON’T)

1. Nothing in this PICS shall limit the rights of data subjects under the Personal Data (Privacy) Ordinance.
2. The supply of personal data is voluntary except for the personal data specified in the relevant data collection form as obligatory. Failure to supply such obligatory data will prevent us from fulfilling the purposes described below.

PURPOSES

3. The purposes for which personal data of a data subject may be used will vary depending on the circumstances and context of its collection, but the purposes perceived by us will include the following:
 - (a) administering, maintaining and operating our products/services/events relating to our financing, loans and loans acquisition, retirement planning, insurance and credit support businesses (**Services**);
 - (b) processing and evaluating any applications, requests, enquiries or complaints involving the data subject relating to our Services;
 - (c) providing subsequent or ongoing services in relation to our Services involving the data subject, including but not limited to providing information, administering the policies or guarantees issued or the loans or credit supports granted;
 - (d) any purposes in connection with any claim or requests made by or against or otherwise involving the data subject in respect of our Services, including the related verification and investigation work;
 - (e) detecting, investigating and preventing fraud, crime, wrongdoing or irregularity;
 - (f) facilitating design of products/services/events of any members of the HKMC Group;
 - (g) conducting research and maintaining databases for marketing, statistical, actuarial, product development or other purposes;
 - (h) matching any personal data held which relates to the data subject from time to time for any of the purposes listed herein and verifying data or information provided by any third party;
 - (i) creating and maintaining data subject profile and segregation and business model and performing risk management;
 - (j) evaluating any future application by or involving the data subject in relation to our Services;
 - (k) registering data subjects and administering the provision of Services through telecommunications or online channels, or mobile applications;
 - (l) conducting underwriting, identity and credit checks and debt collection;
 - (m) offering, providing and marketing to the data subject the Services of the Company, other members of the HKMC Group or our business partners (see “Use and Provision of Personal Data in Direct Marketing” section below)
 - (n) carrying out business co-operation with the data subject (including referral or other modes of co-operation);
 - (o) sending to the data subject newsletters and printed materials about educational, recreational or other events of any member of the HKMC Group;
 - (p) providing benefit to the data subject for relationship management purposes;
 - (q) making disclosures as required by any applicable law, rules, regulations, codes of practice or guidelines or for assisting law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere;
 - (r) complying with the laws, regulatory requirements and any other rules, guidelines or orders of any applicable jurisdiction which we are expected to or would normally comply with;
 - (s) complying with any obligations, requirements, policies, procedures, measures or arrangements for sharing personal data and information within the HKMC Group and/or any other use of personal data and information for compliance with sanctions or prevention or detection of money laundering, terrorist financing or other unlawful or prohibited activities or conduct;
 - (t) enabling an actual or potential assignee of us, or participant or sub-participant of our rights in respect of a data subject to evaluate the transaction intended to be the subject of the assignment, participation or sub-participation; and
 - (u) purposes directly relating to any of the above.

TRANSFEREES

4. Personal data will be kept confidential but, subject to the provisions of any applicable law, may be provided to the following parties (within or outside Hong Kong) for the purposes outlined in paragraph 3 above:
 - (a) any member of the HKMC Group;
 - (b) any broker, referrer or introducer of the data subject in Hong Kong or elsewhere;
 - (c) any co-applicant or co-borrower, and any person proposing to provide or providing any financial or credit support in relation to a data subject’s obligations in connection with our Services.
 - (d) any business partner which has participated in programmes operated by any member of the HKMC Group in relation to our Services;
 - (e) any person in connection with any claims made by or against or otherwise involving the data subject in respect of any Services provided by the Company or any member of the HKMC Group;

第八部分 收集個人資料聲明(「本聲明」)(續)
PART VIII PERSONAL INFORMATION COLLECTION STATEMENT (“PICS”) (CON’T)

- (f) any agent, contractor or third party, which provides administrative, audit, data-processing, document management, technology, telecommunication, storage, payment or other services (including direct marketing services) to any member of the HKMC Group in Hong Kong or elsewhere under a duty of confidentiality to the same;
- (g) where applicable, any insurer or reinsurer (including any re-insurers of such reinsurer) of, or any entity providing financial support in relation to our Services;
- (h) any valuer, medical service provider or an provider of products or services which is, or will be paid by funds drawn from the Services;
- (i) credit reference agencies or, in the event of default, debt collection agencies;
- (j) any agent, auditor, accountant, tax adviser, lawyer, consultant or other professional adviser;
- (k) any court, tribunal or administrative, governmental or regulatory body or enforcement agency in Hong Kong or elsewhere (including local or foreign tax authorities); and
- (l) any actual or potential assignee, transferee, participant or sub-participant of our rights or business.

USE AND PROVISION OF PERSONAL DATA IN DIRECT MARKETING

5. We intend to:

- (a) use the names, contact details, Services portfolio information, transaction pattern and behaviour, financial, employment or other background and demographic data of a data subject held by us from time to time for direct marketing and we cannot use such data unless we have received the data subject's consent or indication of no objection; and
- (b) conduct direct marketing in relation to the following classes of products/services/events:
 - (i) insurance, financial services, retirement planning and related products/services/events; and
 - (ii) reward, loyalty, co-branding or privilege programmes, and related products/services/events.

6. The above products/services/events may be provided or solicited by us and/or:

- (a) any member of the HKMC Group;
- (b) third-party financial institutions and insurers; and
- (c) third-party reward, loyalty, co-branding or privilege programme providers or operators.

7. In addition to marketing the above products/services/events, we may provide a data subject's information described in paragraph 5(a) to all or any of the persons described in paragraph 6 above for use by them in marketing those products/services/events, and we require the data subject's written consent (which includes an indication of no objection) for that purpose.

If a data subject does not wish us to use or provide to other persons his/her personal data for use in direct marketing as described above, the data subject may exercise his/her opt-out right by notifying us.

RIGHTS OF ACCESS AND CORRECTION

8. A data subject may request access to or correction of his/her personal data by making a request in writing to our Data Protection Officer at 19/F, Two Harbour Square, No. 180 Wai Yip Street, Kwun Tong, Kowloon, Hong Kong.

9. We may charge a fee which is not excessive for processing any data access request.

In this PICS, unless the context does not permit or otherwise requires,

Company, we, our and **us** mean the company named in the document collecting the relevant data (which is a member of the HKMC Group) and its successors and assigns;

data subject, in relation to personal data, means the individual who is the subject of the personal data; and

HKMC Group means The Hong Kong Mortgage Corporation Limited, its subsidiaries and subsidiary undertakings.

Notes

- (a) This PICS may from time to time be revised or updated by us.
- (b) By using or continuing to use or participate any of our products/services/events, providing information about the data subject himself/herself, or providing services to or entering into commercial or other contractual arrangements with us, a data subject is deemed to have accepted and agreed to the arrangements set out in and to be bound by the provisions herein.